

## DEPARTMENT OF HEALTH SERVICES

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(916) 657-1460

July 25, 1996

PPL No. 96-012

All County Medi-Cal Administrative Activities  
Targeted Case Management Coordinators  
Advisory Committee Members

**TARGETED CASE MANAGEMENT COST REPORT INSTRUCTIONS**

The purpose of this transmittal is to provide Local Governmental Agencies (LGAs) who provide Targeted Case Management (TCM) services with the following cost report instructions:

1. **Cost report instructions.** These instructions explain how to complete Worksheets A through D of the cost report.
2. **Example of a completed cost report.** This cost report was prepared by the Department of Health Services (DHS) and represents a fictitious organization who provides TCM services. This example is intended to illustrate the cost report/TCM rate calculations and supporting schedules/working papers.
3. **Cost report questions and answers.** This addendum to the cost report instructions responds to questions from the jurisdictions regarding the cost report format and instructions.
4. **Cost report format/calculations on diskette.** This diskette includes the cost report certification statement and Worksheets A through D. All worksheets include the calculations to establish the TCM rate. Blank cells are to be completed by each jurisdiction. Cells with "\$0" and "ERR" notations will either automatically sum line or column totals, or transfer the totals from Worksheets B through D to Worksheet A.

As noted in the enclosed instructions, cost reports for fiscal year (FY) 1994-95 must be received by DHS no later than September 30, 1996. The FY 1994-95 cost report must be on the March 1996 time survey results (reference Policy and Procedure Letter No. 96-011) which will be used by DHS to establish the TCM rate for FY 1995-96. Cost reports for FY 1995-96 must be received by DHS no later than November 1, 1996. The FY 1995-96 report will be used to establish the TCM rate for FY 1996-97. To facilitate the DHS review of the TCM cost report and the establishment of your TCM rate, please ensure the reporting period for each cost report reflects the correct FY and includes required supporting documentation.

All County Medi-Cal Administrative Activities/  
Targeted Case Management Coordinators  
Advisory Committee Members  
PPL No. 96- 012  
Page 2

Completed TCM cost reports must be submitted to:

Department of Health Services  
Patient Access Unit  
714 P Street, Room 1640  
Sacramento, CA 95814

Failure to submit the TCM cost report by the above due date will violate the provisions of Article II(A), (B) and (I) of the Medi-Cal Targeted Case Management Provider Participation Agreement (reference California Code of Regulations, Section 51535.7) and will jeopardize TCM reimbursement for the entire FY.

If you have any questions regarding the enclosed TCM cost report instructions, please contact the Patient Access Unit program analyst assigned to your jurisdiction.

Sincerely,



Darryl Nixon, Chief *for*  
Medi-Cal Benefits Branch

Enclosures

cc: Cathleen Gentry  
Host County Liaison  
455 Pine Avenue  
Half Moon Bay, CA 94019

Medi-Cal Administrative Activities:	X
Targeted Case Management:	X
Policy Effective Date:	7/ 1/95
Policy Reference:	Section 51535.7, Title 22, California Code of Regulations Section 14132.44(f), Welfare and Institutions Code